CITY OF ARLINGTON

2015 Retiree Annual Enrollment November 3-21, 2014

Debbie Jones, Benefits Specialist Human Resources



2015 Annual Enrollment Agenda

- Insurance Program Review & Changes
- Under Age 65 Medical & Pharmacy Plan
- Dental Insurance
- Vision Insurance
- Future of Insurance Program
- Age 65 & Over Medicare Plans



Enrollment Process 2015



- Deadline: November 21, 2014
- Under Age 65 Retirees must sign and return their Personalized Annual Enrollment letter in order to continue their current Medical, Dental & Vision plans in 2015.
 - If you wish to make a change to one or more of your current 2014 plans, you must complete the 2015 Retiree Enrollment/Change Form and return to the Human Resources Department.
- Age 65 & Over Retirees must sign and return the Personalized Annual Enrollment letter in order to continue their current Dental and Vision plans.
 - If you're currently enrolled in a Medicare plan through the UHC Connector Model, the plan will automatically continue for 2015.

2015 Retiree Insurance Eligibility Current Retirees



- Retiree must waive the City's plans if eligible for employerbased coverage due to full time employment with that employer.
- The Retiree (and eligible dependents) may re-elect coverage with the City upon loss of coverage.
- Required forms and documents must be received in Human Resources within 30 days of loss of coverage to re-enroll.
- If coverage waived for any other reason, it will be a permanent waiver.
- You <u>may not enroll yourself and/or your dependents in</u> medical, dental, or vision coverage if you were not enrolled during the 2014 plan year unless you experience a loss of coverage or a family status change.

Qualified Life Events — Effective Dates Retiree Dental, Vision, & Under Age 65 Medical Plans

- Addition of Dependent: First of the month following receipt of enrollment form and documentation if received within 30 days of date of event.
- Termination of Coverage: End of the month of the event.
- Special Enrollment Rights: Retiree may change medical plan but deductible and outof-pocket limits start over.

UNDER AGE 65 RETIREE MEDICAL Fixed Monthly Subsidy

Benefits, rates, plans, and the City of Arlington contribution are subject to change annually.

	RETIRED BEFORE 01/01/2008			RETIRED AFTER 01/01/2008		
yos ↓	MAX MONTHLY CITY CONTRIBUTION Retiree Dependent			MAX MONTHLY CITY CONTRIBUTION Retiree No Dep. Contribution		
<u>30+</u>	\$600	\$300		\$600	\$0	
<u>25 - 29</u>	\$550	\$275		\$550	\$0	
<u>20 - 24</u>	\$500	\$250		\$500	\$0	
<u> 15 - 19</u>	\$450	\$225		\$450	\$0	
<u> 10 - 14</u>	\$400	\$200		\$400	\$0	
0 - 09	\$0	\$0		\$0	\$0	

Full amount will be applied to the plan and level of coverage selected by Retiree. If premium less than City subsidy, Retiree rate \$0 (no rebate).

AGE 65 + RETIREE MEDICAL Fixed Monthly Subsidy *

Benefits, rates, plans, and the City of Arlington contribution are subject to change annually.

	RETIRED BEFORE 01/01/2008			RETIRED AFTER 01/01/2008		
yos ↓	MAX MONTHLY CITY CONTRIBUTION Retiree Dependent			MAX MONTHLY CITY CONTRIBUTION Retiree No Dep. Contribution		
<u>30+</u>	\$300	\$150		\$300	\$0	
<u>25 - 29</u>	\$275	\$137.50		\$275	\$0	
<u> 20 - 24</u>	\$250	\$125		\$250	\$0	
<u> 15 - 19</u>	\$225	\$112.50		\$225	\$0	
<u> 10 - 14</u>	\$200	\$100		\$200	\$0	
<u>0 - 09</u>	\$0	\$0		\$0	\$0	

^{*}Age 65+ Subsidy will be split - \$50.00 of the total subsidy will be applied towards the Medicare Prescription Drug Plan elected by Retiree.

Full amount will be applied to the plan and level of coverage selected by Retiree. If premium less than City subsidy, Retiree rate \$0 (no rebate).

Under Age 65 Medical 2015



No Change in Medical Rates!

Medical plans provide coverage for in-network providers only unless service is an emergency.

Continue to offer two Under Age 65 Retiree Medical Plans.

Under Age 65 Medical Rates Retired Before 2008

	Monthly Rate	30 YOS	25-29 YOS	20-24 YOS	15-19 YOS	10-14 YOS
HDHP Plan (Value)						
Retiree	\$495.32	\$0.00	\$0.00	\$0.00	\$45.32	\$95.32
Retiree & Spouse	\$1,047.61	\$147.61	\$222.61	\$297.61	\$372.61	\$447.61
Retiree & Child(ren)	\$825.71	\$0.00	\$0.71	\$75.71	\$150.71	\$225.71
Family	\$1,471.11	\$571.11	\$646.11	\$721.11	\$796.11	\$871.11
EPO Plan (Core)						
Retiree	\$551.06	\$0.00	\$1.06	\$51.06	\$101.06	\$151.06
Retiree & Spouse	\$1,165.49	\$265.49	\$340.49	\$415.29	\$490.49	\$565.49
Retiree & Child(ren)	\$918.62	\$18.62	\$93.62	\$168.52	\$243.62	\$318.62
Family	\$1,636.64	\$736.64	\$811.64	\$886.64	\$961.64	\$1,036.64

Under Age 65 Medical Rates Retired After 01/01/2008

(no dependent contribution)

	Monthly Rate	30 YOS	25-29 YOS	20-24 YOS	15-19 YOS	10-14 YOS
HDHP Plan (Value)						
Retiree	\$495.32	\$0.00	\$0.00	\$0.00	\$45.32	\$95.32
Retiree & Spouse	\$1,047.61	\$447.61	\$497.61	\$547.61	\$597.61	\$647.61
Retiree & Child(ren)	\$825.71	\$225.71	\$275.71	\$325.71	\$375.71	\$425.71
Family	\$1,471.11	\$871.11	\$921.11	\$971.11	\$1,021.11	\$1,071.11
EPO Plan (Core)						
Retiree	\$551.06	\$0.00	\$1.06	\$51.06	\$101.06	\$151.06
Retiree & Spouse	\$1,165.49	\$565.49	\$615.49	\$665.29	\$715.49	\$765.49
Retiree & Child(ren)	\$918.62	\$318.62	\$368.62	\$418.62	\$468.62	\$518.62
Family	\$1,636.64	\$1,036.64	\$1,086.64	\$1,136.64	\$1,186.64	\$1,236.64

2015 Medical Plan Changes



- Out-of-Pocket Limit: Increased for both the HDHP and EPO medical plans (includes deductible, co-insurance and co-pays)
 - 2015 \$6,000 individual / \$12,000 family
- Deductible: Increased for both medical plans
 - HDHP \$2,000 individual / \$4,000 family
 - EPO \$1,500 individual / \$3,000 family
- EPO Medical Plan: Federal law requires elimination of the separate \$2,000 pharmacy out-of-pocket limit per covered family member.
 In 2015, the out-of-pocket limit will include eligible expenses for both medical and pharmacy claims.

Emergency Room and Urgent Care Co-pays



NO CHANGE IN 2015!

Emergency Room: \$250 / Urgent Care: \$50

HDHP: Applied after deductible is met.

EPO: Do not need to meet deductible first.

Both: Emergency room co-pay waived if

admitted to hospital.

Co-pay applied to total out-of-pocket limit.

UnitedHealthcare Prescription Plan (Retail/Mail Order)



NO CHANGE IN 2015!

HDHP Plan: Deductible then 10% co-insurance

EPO Plan: Co-insurance based on tiers

Tier One 15%

Tier Two 25%

Tier Three 40% Non Preferred Brand

Tier Four 50% Specialty Medications

Zero Cost Prescriptions for HDHP & EPO Plans:

Based on UnitedHealthcare formulary and includes preventive prescriptions. No deductible required.

2015 list is on the Retiree page of the City website.

PRESCRIPTION PRICING TOOL LOCATED AT WWW.MYUHC.COM

UHC RESOURCES



MYUHC.COM

- View claim details and explanation of benefits
- Search for In-Network doctors and facilities
- Search for low-cost prescriptions OptumRx

MyHealthcare Cost Estimator available on myuhc.com®

Compare costs of treatments and procedures

Health4MeTM Mobile Application



- Easy access to personal health plan information
- View and share your health plan ID Card
- Search for In-Network doctors and facilities

Care 24 (Must be enrolled in Under Age 65 Medical Plan)



- Retiree Assistance Program 888-887-4114
 - 24/7 phone access to master's-level counselors for behavioral health concerns and community resources
 - Nurse Line services provides 24/7 phone access to Registered
 Nurses for medical issues
 - Three face-to-face counseling visits at no cost
- Legal, mediation and financial services
- Same mental health, alcohol and other drug abuse provider network as medical plan

Search for a clinician online at: www.liveandworkwell.com

2015 Retiree Benefits

DENTAL & VISION INFORMATION

Debbie Jones, Benefits Specialist





We keep you smiling®

Dental Insurance 2015

No Change in Dental Rates
Or
Plan Benefits

△ DELTA DENTAL

We keep you smiling®

- DeltaCare [®] USA Prepaid (DHMO)
 - If you select this plan you must select a DeltaCare DHMO provider or Delta will auto enroll you with a provider
 - Providers located exclusively in Texas
 - 800-422-4234
- PPO High Plan
 - Freedom to visit any dentist
- PPO Low Plan
 - Freedom to visit any dentist
 - **800-521-2651**



△ DELTA DENTAL

We keep you smiling®

DeltaCare [®] USA Prepaid (DHMO)

- Extensive benefits, nearly 300 covered procedures
- No claim forms
- No deductibles, annual or lifetime maximums
- No copayments for cleanings and x-rays; low copayments for basic and major dental work
- Orthodontics covered for adults and children
- Specialty care available with easy referral



We keep you smiling®

Delta Dental PPO Highlights

- Freedom to visit any licensed dentist in the world
- Lower out-of-pocket costs when visiting an in-network PPO dentist
- Visit deltadentalins.com to view networks Delta PPO network and Delta Premium network
- Guaranteed coinsurance amounts and contractual cost protection from any Delta Dental dentist.
- Visiting a non-network dentist, especially a non-Delta Dental dentist, will increase your costs.





No Change in Vision Rates
Or
Benefits



- Superior Vision's network includes over 48,000 providers nationwide.
- Network provider panel consists of:
 - Optometrists (ODs)
 - Ophthalmologists (MDs)
 - Opticians / optical chains
- Large network of national and regional optical chains including:
 - Costco
 - Wal-Mart Vision Center
 - Pearle Vision
 - Sam's Club Optical
 - For Eyes Optical

- Target Optical
- Sears Optical
- LensCrafters
- JCPenney Optical



Benefits of Vision Care

Education to improve daily living:

Computer Vision Syndrome

UV protection

ADD and ADHD misdiagnoses

Alert for eye diseases:

Cataracts

Glaucoma

macular degeneration

Importance of a Routine Eye Exam

Alert for systemic diseases:

Cancer
Diabetes
high blood pressure
high cholesterol

Improve visual acuity;
Increase productivity and
well-being

Turning Age 65 – What Happens?

- UHC Under Age 65 plan coverage ends the last day of the month prior to your 65th birthday (example: birthday is 8/4/15, UHC ends 7/31/15, Medicare effective 8/1/15).
- UHC Connector Medicare Plans information packets mailed approximately 60 days prior to 65th birthday.
- Call 877-791-9664 to enroll remain on the line to speak with a specialist.
- You may continue enrollment in the City dental & vision plans OR you may enroll through UHC Connector program.



The Future of



- Future modifications of City contributions will be determined annually as part of the budget process.
- Continue to evaluate program design and eligibility.
- No benefit is guaranteed to stay the same indefinitely. Changes will occur.





 The Retiree Benefits Q&A mailbox is available again this year for your Annual Enrollment questions –

RetireeBenefitsQ&A@Arlingtontx.gov

- Deadline to Enroll: November 21, 2014
- To continue enrollment in Under Age 65 Medical, Dental, or Vision Plans, all Retirees must return the Personalized Annual Enrollment Letter you received in the mail or complete a 2015 Retiree Enrollment Form. Forms may be mailed, faxed, e-mailed, or returned in person to HR.
- Over Age 65 Medicare Health and RX plans will automatically continue for 2015.





- 2015 Retiree Guide, forms, and plan descriptions can be found on the City website – <u>www.arlingtontx.gov</u>. Click on Departments and select Human Resources. Then select City Benefits in the Retiree Section.
- Automatic bank drafts for Retiree premium payments are available through any Financial Institution. Forms available on City website.
- Retired Public Safety Officers that have premiums paid by TMRS must complete a new TMRS HLPS form if premium amounts change.





- Be sure to keep your address, phone number, and/or e-mail address current with the City.
- TMRS Must update address/beneficiary information directly with TMRS as they require their own forms. Visit www.TMRS.com for forms.
- Review your 401(k) and 457 accounts with ICMARC and update beneficiary information and/or address at www.icmarc.org.

Age 65 + Medicare Plans 2015



Medicare Open Enrollment Period

October 15 – December 7, 2014

Hello CHOICE



2015
City of Arlington
Annual Enrollment

Patty Brown





Welcome

- Why We're Here
- Turning 65?
 - Learn about your options
 - Consider your choices
 - Enroll in a plan

- Already enrolled
 - What do I need to do?

About UnitedHealthcare

- Meaningful choice We offer many types of Medicare plans and services that meet a wide variety of needs and interests without being overwhelming
- Experience Honored to service almost 10 million* Medicare beneficiaries, with over 25 years of experience
- National access Products available in all 50 states, with most plans available nationally
- Trusted source Includes some of the most trusted names in the Medicare business

Do I need to enroll or re-enroll?

- •If you are already enrolled in a AARP Medicare Supplement plan, RX plan or HMO plan and do not want to make any changes, no you do not need to re-enroll.
- •If you are enrolled in a plan and want to make a plan change (to a different AARP Med Supp plan, RX plan or move to the HMO plan) then yes, you will need to re-enroll.
- •If you are turning 65 in the next three months, then yes, you will need to enroll.
 - •Call 1-877-791-9964, TTY 711
 - •8:00 am to 8:00 pm, 7 days a week

STEP 1:

Learn AboutYour Options

How Your Subsidy Works

What is a Subsidy:

City of Arlington will continue to contribute towards the cost of your health care coverage.

This is done through a subsidy that will help pay the monthly plan premium(s) for the coverage you select.

Account Value:

The amount of your subsidy will be determined by the City of Arlington based upon years of service.

It is important to note that you will not receive premium refunds. If you premium is more than the subsidy amount, you will be billed directly for the remaining balance.

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The ABCs of Medicare

Medicare Part A & B

Medicare Parts A & B are provided by the federal government. Medicare pays fees directly to doctors and hospitals you visit.



Medicare Part A

Hospital costs





Medicare Part B

Doctor and outpatient

ADD-ONS



Medicare Part D

Prescription drugs



Medicare Supplement Insurance Plans

Covers some or all of the costs not paid by Parts A and B.

Medicare Advantage (Part C)

Medicare Advantage Part C provides your Medicare Part A & B benefits through private companies like UnitedHealthcare.



Medicare Part C

Hospital costs, doctor and outpatient

MAY BE INCLUDED



Medicare Part D

Prescription drugs



Additional Benefits

Wellness, vision and hearing services often included.



You must first be enrolled in Medicare Parts A & B to enroll in a Medicare Advantage, Medicare Part D or Medicare Supplement plan.

Medicare Advantage Plans (Part C)

Medicare Advantage Plans (Part C)



All the benefits of Part A*

Hospital stays
 Skilled nursing
 Home health



All the benefits of Part B**

• Doctor's visits • Outpatient care • Screenings and shots • Lab tests



Prescription drug coverage

Included in many Medicare Advantage plans



Additional benefits

 May be bundled with the plan and could include vision, hearing, dental and/or wellness services.

^{*}Plans do not cover hospice care. Hospice benefits for Medicare Advantage members continue to be provided through Medicare Part A.

^{**}You will need to continue to pay your Part B premium.

A Closer Look at Medicare Advantage

- Health Maintenance Organizations (HMOs)
 - Use a network of doctors, hospitals and other health care professionals
 - Provides disease management
 - You must get routine care from one of our many plan providers
 - Typically do not provide coverage outside the contracted service area except for emergencies
 - Urgent care and renal dialysis are available out of network

AARP MedicareComplete SecureHorizons (HMO)

Zip code 76010 Colin, Dallas, Denton, Ellis, Johnson, Kaufman, Rockwall, Tarrant	In-network	Out of Network
Monthly Premium	\$0 (Must continue to pay Part B)	NA
Out of Pocket Maximum	\$4,900	Not a covered benefit
Annual Deductible (Part D Only)	\$165	
Primary Care Physician	\$ 0	Not a covered benefit
Specialist Office visit	\$30	Not a covered benefit
Inpatient Hospital	\$250 per day days 1-5 \$0 copay days 6-90 and beyond	Not a covered benefit
Out-Patient Surgery	\$250	Not a covered benefit
Emergency –World wide coverage	\$65	\$65
Urgent Care	\$30 – \$40	\$30 - \$40
Pharmacy	\$2/\$8/\$45/\$95/33%	Not a covered benefit

Dental

Our dental plans may provide the coverage you need to help promote good dental health.¹

- Access to a large network of more than 182,000 dentists².
- 100% covered: In-network preventive care³ with no deductible or waiting period.
- 80% covered: Basic services, like cavity fillings, are covered after the initial
 6-month waiting period and the deductible is met.
- 50% covered: Major services are covered after the initial 12-month waiting period and the deductible is met.

Note: You have a \$50 deductible per person each calendar year. However, the most you'll pay for covered expenses is \$150 for a family of 3 or more.

Vision

Vision coverage is optional and may be added to your dental plan.¹

- Our large vision care network includes about 33,000 private practice and retail chain providers.⁶
- You can use a non-network provider, but network providers may offer better discounts.

\$10 Copay:

Eye exam – once every 12 months.

\$25 Copay:

Frames⁴ – once every 24 months.

Lenses – once every 12 months.

Contacts⁵ (instead of glasses) – once every 12 months.

What Is a Medicare Supplement Insurance Plan and How Does It Work with Medicare?

Here is an overview:

- Medicare supplement plans are policies sold by private health insurance companies
- · The plans are standardized and benefit levels vary by plan
- Helps pay some costs Medicare doesn't pay, like co-insurance, co-payments and deductibles*
- Medicare only covers about 80% of Part B medical expenses. Medicare supplement plans help cover some of the remainder, about 20% or more of those costs
- Plans offer the freedom to go to any hospital or physician that accepts Medicare patients
- · Plans are managed according to federal and state laws



Medicare supplement plans give you the freedom to go to any hospital or physician that accepts Medicare patients

^{*} Depending on the plan selected

How Medicare Supplement Plans Can Work with Medicare Part D

Medicare supplement plans by themselves do not cover prescription drug costs. If you wish to have this additional coverage, you'll need to purchase a Medicare Part D prescription drug plan.





Medicare Part D is a separate optional insurance that can help lower prescription drug costs

Who Is Eligible to Apply for an AARP® Medicare Supplement Plan?

To apply, you need to meet the following criteria:

- Enrolled in Medicare Parts A and B at the time your coverage begins (typically most individuals enroll in Medicare Parts A and B at age 65)
- Age 65 or older (or under age 65 with certain disabilities in some states)*
- Be a resident of the state in which you are applying for coverage
- Be a member of AARP



Not an AARP member?

You can apply for AARP membership when you apply for an AARP Medicare Supplement Plan.

^{*} Note: AARP Medicare Supplement Insurance Plans may be available to Medicare beneficiaries under age 65 in some states.

Why Choose a Medicare Supplement Plan?

You'll enjoy the following features:

- Helps you manage out-of-pocket costs
- You have the freedom to choose any doctor who accepts Medicare patients
- Virtually no claim forms to file
- Your coverage goes with you if you travel or move anywhere in the U.S.
- Foreign Travel Emergency benefit is included for emergency services received outside of the United States* (with some plans)
- Coverage is guaranteed renewable as long as you pay your premium when due and no material misrepresentations have been made at the time of the application**



Medicare supplement plans give you the freedom to choose any doctor that accepts Medicare patients

^{*} Care needed immediately because of an injury or an illness of sudden and unexpected onset.

^{**} Your rate is subject to change. Any rate change will apply to all members of the same class insured under you Plan who reside in your state.

Information About Available AARP® Medicare Supplement Plans

All Medicare supplement plans let you choose your own doctors, specialists and hospitals that accept Medicare patients – there are no out-of-network restrictions.

Benefits	A	В	С	F	K	L	N
Part A Co-insurance and Hospital Benefits							
Part A Deductible					50%	75%	
Part B Co-insurance or Co-payment					50%	75%	\$20/\$50
Part B Deductible							
Part B Excess Charges**							

^{*} Plan N pays 100% of the Part B co-insurance except up to \$20 co-payment for office visits and up to \$50 for emergency department visits that don't result in an inpatient admission.

Information is continued on the next slide.

^{**} Not to exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

Information About Available AARP® Medicare Supplement Plans

All Medicare supplement plans let you choose your own doctors, specialists and hospitals that accept Medicare patients – there are no out-of-network restrictions.

100% Coverage unless otherwise noted.

Benefits	A	В	С	F	K	L	N
Blood - First Three Pints					50%	75%	
Foreign Travel Emergency (Up to Plan Limits)			80%	80%			80%
Hospice/Respite Care Co-insurance or Co-payment					50%	75%	
Skilled Nursing Facility Care Co-Insurance					50%	75%	

Plan K has a \$4,800 maximum out of pocket, indexed to Medicare

Plan L has a \$2,400 maximum out of pocket, indexed to Medicare

Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plans (Part D)

- Help with prescription drug costs
- Works differently from Medicare Parts A and Part B. You can only get Medicare Part D through a private insurance company
- You must enroll in a Part D plan. Coverage is not automatic
- If you do not sign up for a Part D plan when you become eligible, you
 may have to pay a late-enrollment penalty
- You need to continue to pay your Part B premium

Prescription Drug Coverage Stages

INITIAL COVERAGE STAGE

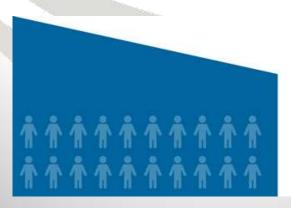
During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill. The plan pays the rest until your total drug costs (paid by you and the plan) reach \$2,960.

COVERAGE GAP STAGE

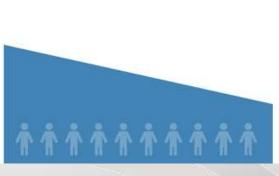
During this stage you pay 47.5% of the total cost of brand-name drugs and 79% of the total cost of generic drugs. Once your our-ofpocket costs reach \$4,700, you move to catastrophic coverage.

CATASTROPHIC COVERAGE STAGE

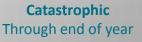
In this stage you pay only a small copay or coinsurance amount for each filled prescription. The plan pays the rest until the end of the calendar year.







Gap Up 4,700



UnitedHealthcare Prescription Drug Plans

- UnitedHealthcare Part D plans provide coverage for thousands of brand name and generic drugs.
- In addition, UnitedHealthcare Part D plans offer:
 - \$0 annual deductible, for the Preferred Plan. (Most retirees elect this plan.)
 - Enhanced Plan is no longer offered
 - A pharmacy network of more than 65,000 locations nationwide.
 - Copays as low as \$1 with more than 14,600 pharmacies in the Preferred Pharmacy Network.*
 - Mail order service that's convenient and may save you money

^{*} Member may use any pharmacy in the network but may not receive Preferred Pharmacy pricing. Pharmacies in the Preferred Pharmacy Network may not be available in all areas. Copays apply after deductible.

Plans to Fit Your Needs (Texas)

	AARP [®] MedicareRx Saver Plus (PDP)	AARP [®] MedicareRx Preferred (PDP)
At a Glance	Lowest premium, plus coverage for most commonly used generic drugs.	Good value with robust drug coverage.
Drug List	Includes most generic drugs covered by Medicare Part D and many commonly used brand-name drugs.	Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.
Annual Deductible	\$324	\$0
Monthly Premium	\$27.00	\$54.80
Tier 1 Copay	\$1	\$3
Tier 2 Copay	\$2	\$5
Tier 3 Copay	\$25	\$38
Tier 4 Copay	\$45	\$85
Tier 5 Coinsurance	25%	33%
NEW Preferred Pharmacy Network	Copays as low as \$1 when you fill your prescription at a preferred pharmacy.	Copays as low as \$3 when you fill your prescription at a preferred pharmacy.

STEP 2:

Consider your choices

Choosing a Plan That's Right for You

•Ask yourself:

- How often do you visit your doctor?
- Do you take prescription medications regularly? If so, what ones and what are their doses?
- Would you rather:
 - Pay a lower premium and pay a copay or coinsurance for services as you use them or
 - Pay a higher premium and have little to no cost for services?
- Would you change doctors or providers if it meant you could save on your healthcare costs?
- Do you travel out of state? Out of the country?

STEP 3:

Enroll in a plan

Do I need to enroll?

- •If you are enrolled in a AARP Medicare Supplement plan, RX plan or HMO plan and do not want to make any changes, no you do not need to re-enroll.
- •If you are enrolled in a plan and want to make a plan change (to a different AARP Med Supp plan, RX plan or move to the HMO plan) then yes, you will need to enroll.
- •If you are turning 65 in the next three months, then yes, you will need to enroll.

Who do I call?

Call 1-877-791-9964, TTY 711 8:00 am to 8:00 pm, 7 days a week

You will be greeted with the message:

Thank you for calling UnitedHealthcare Medicare Solutions.

Identify yourself as a City of Arlington retiree.

Help is Just a Phone Call Away

- Helpful hints before you enroll:
 - Have your Medicare ID card on hand
 - Think about how much you want to spend on your new plan(s)
 - Have your doctors' names and addresses ready, and a list of your prescription drugs

Enroll in a Plan

- Three easy ways to enroll in a plan:
- Give us a call when you are ready and enroll over the phone

Call 1-877-791-9964, TTY 711 8:00 am to 8:00 pm, 7 days a week

- Mail in a completed application.
- Once your enrollment is processed, you will receive a Welcome Kit with additional plan details. Your ID card will arrive separately.

In Closing

We hope you leave today feeling that you:

- 1 Learned about your options
- Considered your choices
- Understand how to enroll

Your new coverage begins:

- January 1, 2015
- The 1st of month in which you turn 65
- The 1st of the month in which you are retiring.

Thank you.



Any Questions?

